



BULK CONTAINER APPLICATION/ PERMIT

Bulk Container Program

Norfolk Department of Public Health 830 Southampton Avenue
Norfolk, VA 23510 (757) 683-2712; Fax: 683-2394

Permit # _____

Expiration Date _____

I/we hereby make application to the Norfolk Department of Public Health for a bulk container permit in accordance with Sec. 41-13 of the Code of the City of Norfolk.

Name of Owner _____ Business phone _____

Corporate Officer _____ Title _____

Business Name _____ FAX _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____

Local On- site Manager _____ Phone _____

Address of Bulk Container _____ Zip _____

Type of Service (check one)

☐ Food ☐ Residential (# of units served _____) ☐ Other (specify) _____

1. I hereby acknowledge the receipt of the local ordinances and codes regulating bulk containers.
2. I agree to conform to the ordinances governing the operation of a bulk container and will permit such examinations and inspections as may be deemed necessary by the Director of Public Health.
3. I agree to notify the Bureau of Environmental Health Services immediately of any changes in management, changes in service or when the applicant ceases to be responsible for the bulk container.
4. I understand that this permit is valid only for the location for which it is issued and is not transferable from one location to another or from one owner to another.

Note: It is recommended that the bulk container site plan be reviewed prior to construction.

Applicant's Signature _____ Date _____

Print Name _____ Title _____

Health Department Use Only

Capacity (yd³) _____ Dumping Frequency _____ Weekly Dumping Yardage _____
SITE PLAN: Reviewed by: _____ Date: _____ Approved by: _____ Date: _____
SITE: Inspected by: _____ Date: _____ Approved by: _____ Date: _____
DC _____ PD _____

Applicant Copy